PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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UTILITY		ey Docket No.	K2291.0109					
		nventor	Yukiyasu T	sunoo				
PATENT APPLICATION TRANSMITTAL (Calle for some consequipients) applications under 27 CER 1 52(b))	Title	DATA ENCR	YPTION SY	ION SYSTEM AND METHOD				
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Expres	ss Mail Label No.						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
1. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. 3. X Specification [Total Pages 64] (preferred arrangement set forth below)	7]	8. Nucleotide ar (if applicable, a. Compute (if applicable, a. Compute c. Staten c. St	er Program (Appendor Amino Acid, all necessary) uter Readable Foon Sequence Listi CD-ROM or CD- ments verifying ide OMPANYING A ment Papers (cove 3.73(b) Statementere is an assigne Translation Docur ion Disclosure nt (IDS)/PTO-144 ary Amendment Receipt Postcard (be specifically itel Copy of Priority E priority is claimed) ication Request u	Sequence Submission orm (CRF) ing on: R (2 copies); or ii. Pentity of above copies INPPLICATION PARTS or sheet & document(s)) or sheet & document(s)) or sheet & document(s) It Power of Attorney ment (if applicable) Copies of IDS Citations IMPEP 503) Imized) Document(s) Inder 35 U.S.C. 122 (b)(2)(B)(i), PTO/SB/35 or its equivalent.	ğ 22141 10/6			
6. Application Data Sheet. See 37 CFR 1.76								
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
	RESPO	NDENCE ADDRE	ss	VAV.				
x Customer Number: 32172			X Corresp	ondence address below				
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Steven I. Weisburd 1177 Avenue of the Americas								
Address 41st Floor								
City New York State Country US Tele	e phone	NY (212) 835-140	Zip Cod	fex (212) 997-9880				
Name (Print/Type) Mark J. Thronson	<i>p.,,,,,,,</i>	` 						
Name (Print/Type) Mark J. Thronson Registration No. (Attorney/Agent) 33,082 Signature Date September 25, 2003								



PTO/SB/17 (08-03)
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FEE TRANSMITTAL			Complete if Known							
			Application Number				er	Not Yet Assigned		
			Filing Date					Concurrently Herewith		
for FY 2003				First Named Inventor				Yukiyasu Tsunoo		
Effective 01/01/2003, Patent fees are subject to annual revision.			Examiner Name				Not Yet Assigned			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit					N/A		
TOTAL AN	MOUNT OF PAYMENT (\$)	1,750.00		Attorney Docket No. K2291.0109				09		
MET	HOD OF PAYMENT (check all that a	oply)				FEE	CALCUL	ATION (co	ntinued)	
Confit Manual C										
Check	3. ADDITIONAL FEES									
X Deposit Account:			Large Entity Small Entity							
Deposit Account 50-2215			Fee	Fee	Fee	Fee	-	Fee Desc		
Number			Code	(\$)	Code	(\$)				Fee Paid
Deposit Account Dickstein Shapiro Morin &			1051	130	2051	65	Surcharge -	- late filing fe	e or oath	
Name	Oshinsky LLP	_	1052	50	2052	25	Surcharge - sheet.	- late provision	onal filing fee or cover	
The Director is authorized to: (check all that apply) X Charge fee(s) indicated below X Credit any overpayments			1053	130	1053	420				
Charge	any additional fee(s) during the pendency of thi					130	•	n specificatio		
× application		"	1812	2,520	1812	2,520	_		parte reexamination	
Charge f	fee(s) indicated below, except for the filing fee	e	1804	920*	1804	920*	Examiner a	ction	of SIR prior to	
to the above-	identified deposit account.		1805	1,840*	1805	1,840*	Requesting Examiner a	publication o	of SIR after	
	FEE CALCULATION		1251	110	2251	55	Extension for	or reply within	n first month	
	FILING FEE		1252	410	2252	205	Extension for	or reply within	second month	
Large Entity	Small Entity		1253	930	2253	465	Extension for	or reply within	third month	
Fee Fee Code (\$)	Fee Fee Fee Description Code (\$)	Fee Paid	1254	1,450	2254	725	Extension for	or reply within	n fourth month	
1001 750	2001 375 Utility filing fee	750.00	1255	1,970	2255	985	Extension for	or reply within	n fifth month	
1002 330	2002 165 Design filing fee		1401	320	2401	160	Notice of Appeal			
1003 520	2003 260 Plant filing fee		1402	320	2402	160	Filing a brief in support of an appeal			
1004 750	2004 375 Reissue filing fee		1403	280	2403	140	Request for oral hearing			
1005 160 2005 80 Provisional filing fee			1451	1,510	1451			Petition to institute a public use proceeding		
SUBTOTAL (1) (\$) 750.00			1452	110	2452	55 650		Petition to revive – unavoidable		
0 EVTD4	OLAMA EEEO EOO HTH ITY AND E	===	1453 1501	1,300	2453 2501	650		Petition to revive - unintentional		
Z. EXIKA	CLAIM FEES FOR UTILITY AND F Extra Fee from		1502	470	2502		•	tility issue fee (or reissue)		
Total Claims	Claims below	Fee Paid				235	Design issu			
Total Claims Independent	36 -20** = 16 x 18.00 =	288.00	1503	630	2503	315	Plant issue			
Claims I	11 -3** = 8 x 84.00 =	672.00	1460	130	1460	130		the Commiss		
Multiple Deper	ndent = =		1807	50	1807	50			CFR 1.17(q)	
Large Entity	Small Entity		1806	180	1806	180			n Disclosure Stmt	
Fee Fee Code (\$)	Fee Fee Code (\$) Fee Description		8021	40	8021	40			ssignment per of properties)	40.00
1202 18	2202 9 Claims in excess of 20		1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))			
1201 84 1203 280	2201 42 Independent claims in exces 2203 140 Multiple dependent claim, if a		1810	750	2810	375	For each additional invention to be examined (37CFR 1.129(b))			
1204 84	2204 42 ** Reissue independent claim, in		1801	750	2801	375			(0)) xamination (RCE)	
	over original patent		1802	900	1802	900	Request for	expedited ex	, ,	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				e (spec			of a design	application		
					٠	ing Fee	Paid	SUBTO	TAL (3) (%)	40.00
SUBTOTAL (2) (\$) 960.00 **or number previously paid, if greater; For Reissues, see above				*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00						
SUBMITTED BY (Complete (if applicable))										
				stration No. ney/Agent) 33,082 Telephone (212) 835-14						
Signature	m	1						Date	September 25,	2003